Serial No. 08/487,526 Docket No. 05634.0355

PÁTENT

## STATES PATENT AND TRADEMARK OFFICE

**Applicants** 

John C. HARVEY and

James W. Cuddihy

OCT 1 3 2004

RECEIVED

Serial No.

08/487,526

Filed

June 7, 1995

Technology Center 2600

For

SIGNAL PROCESSING APPARATUS AND METHODS

Group Art Unit:

2614

Examiner

HARVEY, David E.

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

## RESPONSE TO FINAL OFFICE ACTION

This reply is responsive to the final Office action mailed April 28, 2004 ("Office action"). Although no claim amendments are proposed in this response, for convenience, a complete listing of the pending claims begins on the following page. Claims 2-18, 20-30, 33-42, and 67-104 are presently pending. Applicants respectfully request that this application be reconsidered and allowed in view of the remarks presented below.

2614/61

October 7, 2004

In re Patent Application of:

Attorney Docket No.:

5634.0355

OPE VO

John C. Harvey and James W. Cuddihy

Yames W. Cudding

08/487,526

Group Art Unit:

2614

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Title:

SIGNAL PROCESSING APPARATUS AND METHODS

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Commissioner for Patents
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Alexandria, VA

Technology Center 2600

Transmitted herewith is a Response to Final Office Action, a Petition for Extension of Time Under 37 C.F.R. § 1.136, and a Notice of Appeal.

		CLA	IMS AS AMENDE	D			
-		Claims Remaining After Amendment	Highest Number Previously Paid For	Extra 0	Rate  Large Entity   Small Entity		Amount
						\$ 9.00	\$ 0.00
Number of Claims in Excess of 20		76	76	<del></del>			
Independent Claims in Excess of 3		12	12	0	\$ 88.00	\$ 44.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 140.00	\$ 0.00	
Extension Fee:	a) One Month			\$ 110.00	\$ 55.00	\$ 0.00	
	b) Two Month	•			\$ 430.00	\$ 215.00	\$ 0.00
	c) Three Months				\$ 980.00	\$ 490.00	\$980.00
	d) Four Month				\$1530.00	\$ 765.00	\$ 0.00
	_,				\$2080.00	\$ 1040.00	\$ 0.00
0.0	e) Five Month Notice of appeal	·			\$340.00	\$170.00	\$340.00
Other: Notice of appeal TOTAL FEE DUE				I		\$1320.00	

No additional fee is required.  A check in the amount of \$\frac{1320.00}{\text{to Deposit Account No. 06-1075.}}\$  Charge \$\frac{1}{\text{to Deposit Account No. 06-1075.}}\$  Charge any additional fees or credit any overpayment to Deposit Account No. 06-1075.
Small Entity Status Claim: is hereby requested. is of record in this application.  Respectfully submitted.

FISH & NEAVE LLP 1251 Avenue of the Americas New York, NY 10020-1104

Joseph M. Guillano Registration No. 36,539 Attorney for Applicants

Tel.: (212) 596-9000 Fax: (212) 596-9090